

441—78.49(249A) Infant and toddler program services. Subject to the following subrules, payment shall be made for medical services provided to Medicaid eligible children by infant and toddler program providers under the infants and toddlers with disabilities program administered by the Iowa Child Health Specialty Clinics and the departments of education, public health, and human services.

78.49(1) Covered services. Covered services include, but are not limited to, audiology, psychological evaluation and counseling, health and nursing services, nutrition services, occupational therapy services, physical therapy services, developmental services, speech-language services, vision services, and medical transportation.

78.49(2) Coordination services. Payment shall also be approved for infant and toddler coordination services, subject to the following requirements:

a. Payable coordination services must consist of activities to assist and enable a child and family to receive infant and toddler program services and must serve as the point of contact in assisting parents to obtain the services and assistance needed. This must include, but is not limited to:

(1) Explaining the infants and toddlers with disabilities program, including parental rights and procedural safeguards.

(2) Identifying the family's concerns related to the child's needs.

(3) Coordinating the evaluations and assessments needed by the child.

(4) Facilitating and participating in the development, review and evaluation of individualized family service plans (IFSP) pursuant to rule 281—41.5(256B,34CFR300). This must include identifying the people to participate in the development of the service plan and face-to-face or telephone contacts with others for the purpose of developing, reviewing, and revising the IFSP.

(5) Assisting parents in gaining access to the infant and toddler program services and other services identified in the IFSP. This must include face-to-face or telephone contacts with the child and family for the purpose of assessing or reassessing needs.

(6) Assisting families in identifying available service providers and funding resources. This must include documentation of unmet needs and gaps in services.

(7) Coordinating and monitoring the delivery of services, informing families of the availability of advocacy services, coordinating with medical and health providers, and periodic observation of services to ensure that quality services are being provided and are effectively meeting the needs of the child.

(8) Facilitating the timely delivery of services.

(9) Continuously seeking the appropriate services for the duration of the child's eligibility.

(10) Arranging or authorizing payment for medical transportation.

(11) Keeping records, including preparing reports, updating service plans, making notes about IFSP activities in the recipient's record, and preparing and responding to correspondence with the child, family, and others.

b. A face-to-face contact between the service coordinator and the child and family is required:

(1) Within the first 30 days of service;

(2) Every three months thereafter.

c. In months in which there is no face-to-face contact, a telephone contact between the service coordinator and the family is required.

78.49(3) Child's eligibility. Payable services must be provided to a child under the age of 36 months who is experiencing developmental delay or who has a condition that is known to have a high probability of resulting in developmental delay at a later date.

78.49(4) Delivery of services. Services must be delivered directly by the infant and toddler program provider or by a practitioner under contract with the infant and toddler program provider.

78.49(5) Remission of nonfederal share of costs. Payment for services shall be made only when the following conditions are met:

a. Rescinded IAB 5/10/06, effective 7/1/06.

b. The infant and toddler program provider has executed an agreement to remit the nonfederal share of the cost to the department.

c. The infant and toddler program provider shall sign and return Form 470-3816, Medicaid Billing Remittance, along with the funds remitted for the nonfederal share of the costs of the services specified on the form.

This rule is intended to implement Iowa Code section 249A.4.